MAXIMUS Federal Services

Case Number:	CM13-0052301		
Date Assigned:	12/27/2013	Date of Injury:	06/15/2010
Decision Date:	03/10/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/24/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Oklahoma and Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 47-year-old who reported an injury on 06/15/2010. The patient is currently diagnosed with displacement of lumbar intervertebral disc without myelopathy. The patient was seen by [redacted] on 08/23/2013. The patient reported 6/10 pain. Physical examination revealed decreased muscle strength in the right lower extremity, decreased range of motion in the right knee, and diminished sensation in the right lower extremity. The patient also demonstrated positive pelvic thrust on the right, positive Fabere's maneuver, positive Gaenslen's maneuver, and positive straight leg raising bilaterally. Treatment recommendations included a consultation with [redacted] and continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

A consultation with [redacted] for Dorsal Rami Diagnostic Blocks (DRDB): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 12 Low Back Complaints Page(s): 89-92,301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Office Visits Section, and Low Back Chapter, Facet Joint Diagnostic Blocks Section

Decision rationale: The Physician Reviewer's decision rationale: The California ACOEM Practice Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. Invasive techniques such as facet joint injections are of questionable merit. As per the documentation submitted, there is no evidence of facet mediated pain upon physical examination. The patient demonstrates weakness, decreased sensation, and positive straight leg raising. Facet joint injections are not recommended in patients with radicular symptoms. There were no imaging studies submitted for review. There is also no evidence of this patient's failure to respond to recent conservative treatment including physical therapy, NSAIDs (non-steroidal anti-inflammatory drugs), and muscle relaxants. The request for a consultation with [redacted] for Dorsal Rami Diagnostic Blocks (DRDB) is not medically necessary or appropriate.